



**HOME HOUSING DEVELOPMENT & COMMUNITY HOUSING
DEVELOPMENT ORGANIZATION (CHDO) REQUEST FOR FUNDING
PROPOSAL (RFP)**

RFP: HCDHOUSINGDEVCHDOAPRIL2015-1

COVER PAGE

| | |
|-------------------------|-------------------|
| Applicant/Agency Name: | Federal ID#: |
| Mailing Address: | DUNS # |
| | Telephone Number: |
| | Fax Number: |
| Name of Contact Person: | Title: |
| Telephone Number: | E-mail Address: |
| Fax Number: | |
| Web Page: | |

TYPE OF OWNER (Check all that apply)

| | |
|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Local Unit of Government |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other, Describe: | |

TYPE OF DEVELOPMENT (Check all applicable)

| | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Homebuyer Acquisition/ Rehab/Resale | <input type="checkbox"/> Single Family New Construction |
| <input type="checkbox"/> Small Rental Acquisition/Rehabilitation/Rental | <input type="checkbox"/> Transitional Housing |
| Amount of Funds Requested: | Type of Funds <input type="checkbox"/> CHDO <input type="checkbox"/> Housing Development |

Total Proposed Cost of Project:

***** ATTACH A BRIEF DESCRIPTION OF THE PROJECT TO THIS PROPOSAL *****

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| | | |
| Project Address: | Total Number of Units: | Census Tract: |
| <p>I hereby certify that I am an authorized representative of the agency and that to the best of my knowledge:</p> <ul style="list-style-type: none"> • The data in this application is true and accurate; • This document has been duly authorized by the governing body; • The agency will be able to meet all of the minimum proposal requirements as specified in the RFP; and • The agency will comply with the necessary certifications and assurances and provide program services described in the proposal including federal regulations and requirements if a contract is awarded. | | |
| Representative's Name: | Title: | |
| Representative's Signature: | Date: | |

| | |
|--------------------------------------------|------------------|
| <u>For Fulton County Use Only</u> | |
| Date Received: | |
| Assigned Submittal Number: | |
| Denied: | Accepted: |
| Requested Supplemental Information: | |
| Received Supplemental Information | |